Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER JOBSPAC, A BI-PARTISAN COALITION OF CALIFORNIA EMPLOYERS		Date of This Filing _	09/25/2020	Date Stamp	CALIFORN FORM	iia 497
AREA CODE/PHONE NUMBER	R I.D. NUMBER (if applicable) 911819	Report No.	LCR # 1959		For Office	cial Use Only
STREET ADDRESS		Amendment to Report No.		Page 1 of 2		
CITY SAN RAFAEL	STATE ZIP CODE CA 94901	(explain below) No. of Pages 2				
Late Contribution	n(s) Received			_		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *			AMOUNT RECEIVED
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC ☐ IND			
			COM OTH PTY SCC			
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			
*Contributor Codes IND - Individual COM - Recipient Committe OTH - Other	PTY - Political Party ee (other than PTY or SCC) SCC - Small Contributor Committee					

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER JOBSPAC, A BI-PARTISAN COALITION	OF CALIFORNIA EMPLOYERS	Date of This Filing09/25/2020	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 911819	Report No. LCR # 1959		For Official Use Only	
STREET ADDRESS		Amendment to Report No.	Page 2 of 2		
CITY SAN RAFAEL	STATE ZIP CODE CA 94901	No. of Pages 2			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/24/2020	REPUBLICAN PARTY OF ORANGE COUNTY (STATE ACCOUNT) Tustin, CA 92780	REPUBLICAN PARTY OF ORANGE COUNTY (STATE ACCOUNT)	\$25,000.00	
	ID# 742088			

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC